ditions and mode of life, will serve to account for such cases when they occur in soldiers in active service or engaged in vigorous practice drill and manœuvres in time of peace. But they occur also frequently in civil life under analogous conditions, and Dr. Saloman gives brief accounts of a number of cases. They generally occur in youthful and physically not very robust individuals, who have been for one cause or another subjected temporarily to excessive fatigue.

The prognosis of these cases is relatively favorable ; the epilepsy does not have very much tendency to become chronic, if the conditions are not unfavorable.

NEURASTHENIA.—Dr. C. H. Hughes, in the *Alienist and Neurologist* for October, publishes an article on neurasthenia, mainly consisting of excerpts from a report by Dr. Van Deusen of the Michigan Asylum in Kalamazoo, published first in 1868. In that paper, Dr. Van Deusen described and discussed quite fairly the symptoms of a large number of neurasthenic cases, and, fully recognizing the condition, named it neurasthenia. To him, therefore, as much as to Dr. Beard, belongs the honor of identifying and designating the disease.

It should be also generally known, however, that the condition has been recognized and its symptoms noted for more than a century by various writers, among whom we may mention Whytt, Swann, Frank, Stilling, etc., not to mention a host of more recent authors, and the term "neurasthenia" itself is alluded to by Dr. Beard in one of his earlier papers on the subject as an "old and almost forgotten term."

PARALYSIS OF THE BLADDER.—At the session of the Verein für Natur und Heilkunde, Dresden, February 21, 1880 (rep. in *Deutsche Med. Wochenschr.*, October 23d), Dr. Erdmann read a paper on paralysis of the bladder of which the following abstract is given.

After the speaker had given, at the beginning of his lecture, the innervation relations of the bladder both from an anatomical and a physiological standpoint, and had especially described the act of urination (according to Goltz's researches) as a reflex mechanism, and the importance of the lumbar spinal reflex centre for this function, he turned to the neuroses of the bladder, so far as these are not connected with anatomo-pathological alterations that bring them into the province of surgery. Amongst them are to be distinguished neuroses of motility and neuroses of sensibility. They include :

1. *Vesical hyperæsthesia.* This is observed especially among those given to sexual exercises and to onanism in particular. A moderate distention of the bladder produces a strong impulse to urination, and, if this is not met, a severe pain in the penis. Vesical hyperæsthesia is also a consequence of a morbidly altered condition of the urine, sometimes when this alteration is scarcely perceptible, as, for example, after drinking too fresh beer.

2. *Vesical anæsthesia.* There are individuals who, without experiencing any desire to urinate, allow the bladder to become largely distended, and who, nevertheless, cannot be considered as diseased. When this condition is long continued, however, it leads to paralysis of the detrusor muscles and retention of urine.

The nocturnal enuresis of children also, perhaps, belongs in this category, if we are to consider it as due to an imperfect anæsthesia of the sensory nerves of the bladder. The sensation produced by fulness of the organ is felt, but not strongly enough to awaken the child from normal sleep. Urination then occurs as an involuntary reflex. The author recommends against this very unpleasant infirmity a tonic and electric treatment, and attributes much value to psychic and moral agencies without physical correction.

Among the neuroses of motility belongs vesical cramp. Under this designation we ought to include only those abnormal irritative conditions of the motor nerves of the bladder that are independent of visible structural disease of the vesical walls. Thus, foreign bodies, especially calculi, in consequence of the irritation they produce on the lining of the bladder, cause violent contractions of the muscular walls.

The most frequent causes of this spasm, however, are either psychic irritations, such as fright or shock, or reflex irritations caused by irritative conditions of neighboring organs such as the uterus, the rectum, etc., or they may be due to hysteria. They may involve the detrusor muscles or the sphincter of the bladder, producing, as the case may be, enuresis spastica, dysuria spastica, or ischuria spastica.

Turning now to paralysis of the bladder, the author showed how it might involve either the detrusors or the vesical sphincter, or both antagonists together in some cases. He stated also, that the contraction of the expelling muscles is not under the control of the will, but is excited by the reflex irritation of the contained urine, while that of the spincter is governed by volition. Disturbances of the innervation of the bladder may be caused :

1. By functional or structural disorder of the brain, as well as by severe febrile conditions in which the cerebral functions are depressed. In these cases paralysis of the sphincter is most frequently observed, since the will is suppressed or weakened, while the reflex expulsory impulse is still active.

2. By spinal lesions.

3. Through alteration of the peripheral extensions of the motor and sensory nerves of the bladder themselves, through which they lose their irritability. To this group belong the so-called myopathic paralyses of the bladder. They are produced by fine texture changes of the muscular fibres and their contained nerve-terminations. Frequently, perhaps, the cause of this disease is only excessive dilatation of the bladder arising from some mechanical obstruction to urination, or from a false feeling of modesty. A vesical catarrh also, which itself is the consequence of numerous other disorders, such as those of the urethra, may be the cause of the muscular structure of the bladder becoming diseased and lead to its paralysis. After noticing briefly the symptoms, the author of the paper passed to the treatment of these conditions :

Internal medication with narcotics, such as opiates, belladonna, etc., is often very useful in disordered conditions of the bladder, but in paralysis of the viscus a cure is never thus produced. Medicines are only useful as prophylactics to ward off cystitis. Among them he mentioned Vichy and Wildunger waters, chlorate of potash, benzoi-salicylic acid, etc. In retention the catheter must be faithfully employed to keep the urine drawn off, and attention should be given to its cleanliness. Sitz baths and recipients are urgently required if incontinence exists. A good urine receiver for night use is a desideratum. In general, the author promised best results from the use of electricity, especially in cases of atony and weakness following excessive distention of the bladder or vesical catarrh. He recommends the most direct possible faradic excitation of the vesical walls, so as to arouse its sensory nerves and produce reflex contractions. Faradic irritation causes energetic contractions if a sound-shaped electrode is used, isolated by rubber to its point, in the previously emptied bladder, and the other electrode is introduced into the rectum. Usually, it is sufficient to place one on the symphysis and the other on the sacral region.

Galvanic applications should be made only externally, since they may cause electrolytic and caustic effects on the lining mucous membrane. Dr. Erdmann recommends the application of the anode to the occiput and the third lumbar vertebra (the reflex centre) and the cathode to the symphysis or perineum. Fifteen to twenty elements for from two to four minutes, and separate strong induction shocks.

HYSTERIA MAJOR.—Dr. Wm. J. Morton in a communication to the *N. Y. Medical Record*, Oct. 2, describes a typical case of hystero-epilepsy in one of Charcot's wards, who was only kept from recurring attacks by continuous mechanical pressure over the left ovary, and ends his letter as follows:

"And what is the practical bearing of this study, conducted now for several years with so much care by Prof. Charcot? The practical value of this work lies in having taken up the hitherto confused story of hystero-epilepsy, and in having brought order out of chaos; in having marshalled into line under a simple law, whose immutability is at once recognizable, the diverse phenomena of the disease; in having shown, in short, that in accordance with this law, all the symptoms of hystero-epilepsy could be marshalled into groups, and that each group was related to another in an invariable order of succession and development. It is this analysis which established that what was at first glance so evidently epileptic was epileptic only in outer form, just as is the case in certain other diseases of the nervous system where convulsions are epileptoid without being epileptic.

"The term hystero-epilepsy, then, is a misnomer; there is no epilepsy present. The disease is really, as we have already intimated, hysteria major, while the hysteria of every-day practice must be called hysteria minor,—the one the fully developed disease, the other rudimentary. Knowing the completed pattern of a hysteria-major, it is easy to fit into their proper places the fragmentary and detached phases of a hysteria minor. Here, then, in this nomenclature, this division of hysteria into major and minor, lies a great advance. Not only has hystero-epilepsy become an intelligible disease, but in becoming hysteria major it has thrown a brilliant light upon ordinary hysteria, and rendered its manifold phases clearer to the practising physician."

THE SYMMETRICAL NEURALGIAS OF DIABETES.—At the session of the Paris Academy of Medicine, Sept. 10 (rep. in *Le Progrès*